PTO/SB/01 (10-01)

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				Attorney Docket Number	SL-04			
		ON FOI DESIGI	R UTILITY OR	First Named Inventor	Johnson, David			
	Ī		ICATION	COMPLETE IF KNOWN				
	(37 CFR 1.63)			Application Number				
	Declaration Declaration		Declaration	Filing Date				
L	Submitted	OR Sub	Submitted after Initial Filing (surcharge	Art Únit				
	with Initial Filing		(37 CFR 1.16 (e)) required)	Examiner Name				

As the below named inventor, I her	eby declare that:			
My residence, mailing address, and c	itizenship are as stated belo	ow next to my name.		
I believe I am the original and first inv	entor of the subject matter w	which is claimed and for which	ch a patent is soug	ht on the invention entitled:
Shrink Sleeve For Conto	oured Articles			
	(Title of the li	nvention)	1	
the specification of which				
is attached hereto				
OR [
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International
-				
Application Number	and was amend	ed on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed an any amendment specifically referred to	d understand the contents on above.	of the above identified speci	fication, including t	he claims, as amended by
I acknowledge the duty to disclose infapplications, material information whic international filing date of the continua	ch became available betwee	p patentability as defined in n the filing date of the prior	37 CFR 1.56, incluation and the	ding for continuation-in-part e national or PCT
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(States of America, listed below and h breeder's rights certificate(s), or any claimed.	 a) of any PCT international nave also identified below, b 	I application which designately checking the box, any fo	ted at least one co reign application f	ountry other than the United or patent, inventor's or plant
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application nu	mbers are listed on a supple	emental priority data sheet f	PTO/SB/02B attach	ned hereto:

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NAME OF SOLE OR FIRST INVENTOR :		A petition h	as bee	n filed	l for t	his uı	nsign	ed inventor
David E. Given Name (first and middle [if any))			Family or Sur	/ Name		nso	n	
Inventor's Escual E John	se-							Date 12-11-01
Dawsonville		GA		US	A			USA
Residence: City		State		Count	ry			Citizenship
260 Gold Leaf Terrace								
Mailing Address								
Dawsonville		GA			305	34		USA
City		State		ZIP		·		Country
NAME OF SECOND INVENTOR:		A petition ha	s been	filed fo	or thi	s uns	igne	d inventor
Clarence B. Given Name (first and middle [if any])			Family or Sur		Jac	obs		<u>-</u> -
Inventor's Claren B. Ja	st.		01 3411	iame				Date 12/11/01
Alpharetta (/		GA		USA	\			USA
Residence: City] ;	State		Count	ry			Citizenship
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Mailing Address								
Alpharetta		GA			300	04		USA
City		State		ZIP				Country
Additional inventors are being named on the	_supp	lemental Addition	onal Inve	ntor(s)	sheet(s) PT(O/SB/(02A attached hereto.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Herewith
First Named Inventor	Johnson, David E.
Group Art Unit	
Examiner Name	
Attorney Docket Number	SL-04

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SIGNATURE of Applicant or Assigne	e of Record							
Name David-E. Johnson								
Signature / Buch & John								
Date 12-11-01								
NOTE: Signatures of all the inventors or assignees of record of the entire interest o forms if more than one signature is required, see below*.	r their representative(s) are required. Submit multiple							
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Application Number		
Filing Date	Herewith	
First Named Inventor	Johnson, David E.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	SL-04	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Clarence B. Jacobs Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR	ners at 0	Customer Numb med below: Name	er [24985		Registra	24	hei here 1985	office	
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